ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH State File No. // 2 STANDARD CERTIFICATE OF BIRTH Registered No. 2 District or Toyoghir No. (If birth occupied in a hospital or institution, give its NAME instead of street and number) 2. Full name of child If child is not yet named, make 3. Sex of Child supplemental report, as directed. To be answered ONLY 4. Twin, triplet or other 6. Legitimate? in event of plural 7. Date 5. No., in order of birth Month MOTHER maiden name 9. Residence 15. Residence If non-resident, give place and state. (Usual blace of abode) If non-resident, give place and state, 16. Color or Jace 11. Age at last birthday 17. Age at last birthday 12. Birthplace (city of plate 18. Birthplace (city or tate (State or country) (State or country) 19. Occuration Nature of industry Nature of industry 20. Number of children of this mother (a) Born alive and now living. (Taken as of time of birth of child herein 21. Were precautions taken against oph-(b) Born alive but now dead certified and including this child). (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was * When there was no attending physician m. on the date above stated, or midwife, then the father, householder, Signature. eic. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report... Month, day, year Registrar.

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